

SERIAL NUMBER 09/272,821	FILING DATE 03/20/99	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 12152.55US01
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APPLICANT

FATIH M. UCKUN, WHITE BEAR LAKE, MN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/08/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials <u>E. W.</u> Initials <u></u>						

ADDRESS

MERCHANT GOULD SMITH EDELL  
WELTER & SCHMIDT  
3100 NORWEST CENTER  
90 SOUTH SEVENTH STREET  
MINNEAPOLIS MN 55402-4131

TITLE

NNI FOR TREATMENT OF MULTI-DRUG RESISTANT HIV

FILING FEE RECEIVED  \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for th following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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